

## 21.W. Bullock – Termination Action



**VANCE COUNTY**  
**PERSONNEL / PAYROLL ACTION FORM**



☐ New Hire/Rehire    ☐ Change    ☐ Leave of Absence    ☒ Termination    ☐ Other

Effective Date: 10/24/2018    Date of Hire: 06/05/2017  
Name: JUSTIN J. WHITE    SSN: \_\_\_\_\_  
Address: \_\_\_\_\_    Marital Status: \_\_\_\_\_  
City/State: \_\_\_\_\_    Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Zip/County: \_\_\_\_\_    Date of Birth: \_\_\_\_\_  
Department: SHERIFF'S OFFICE  
Job Title: \_\_\_\_\_    Grade: \_\_\_\_\_ Job #: \_\_\_\_\_  
Monthly/Hourly Rate: \_\_\_\_\_    Annual Salary: \_\_\_\_\_  
Explanation: SERVICES NO LONGER NEEDED

**SHERIFF & 911 ONLY:** Please check all that apply. Provide a date and a copy of the certification.

☐ Sheriff Department-OLET Certified: \_\_\_\_\_    ☐ 911-EMD Certified: \_\_\_\_\_

Employee Signature: "Not Available for Signature"    Date: \_\_\_\_\_  
Department Head Signature: [Signature]    Date: 10-25-18  
Human Resources Signature: [Signature]    Date: 10/25/2018  
Payroll Signature: \_\_\_\_\_    Date: \_\_\_\_\_

This instrument has been pre-audited in the manner required by the Local Government Budget & Fiscal Control Act.  
Approved by Finance Director: \_\_\_\_\_    Date: \_\_\_\_\_

<b>HUMAN RESOURCES USE ONLY</b>			
<i>Please check all that apply and attach the appropriate forms.</i>			
Deductions:	<input type="checkbox"/> Employee - Medical	<input type="checkbox"/> Employee - Dental	<input type="checkbox"/> Employee - Life
Attach the following Forms:	<input type="checkbox"/> Federal & State Tax Forms	<input type="checkbox"/> Direct Deposit Info	<input type="checkbox"/> Longevity
Upon Employment Separation - Eligible:	<input type="checkbox"/> Vacation Payout	<input type="checkbox"/> Comp Time Payout	
Retirees Eligible for Benefits:	<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Life
Completed By: _____	Date: _____		

Form Revised 7/18/18

**EXHIBIT 5**